



FORMULARY UPDATES
Effective 1/1/2021

November 30, 2020

Dear Care1st Providers and Staff:

Effective January 1, 2021, Care1st will implement the AHCCCS formulary changes based on the recommendations from the October 14, 2020 AHCCCS Pharmacy & Therapeutics (P & T) Committee. Formulary changes are located on our website:

www.care1staz.com > Providers > Formulary > Summary of AHCCCS Formulary changes

Care1st encourages all prescribing clinicians to review the Care1st Comprehensive Prescription Drug List (PDL) for preferred formulary alternatives prior to prescribing.

Below are some *highlights* of the Formulary changes:

| Drug Class | Drug(s) Removed from Formulary | Preferred Alternative(s) on Formulary (NEW or current alternatives) | Utilization Management (PA, STEP, QL, AGE) | *Grand-fathering permitted (Y/N) |
|-------------------------|--|---|--|----------------------------------|
| Acne Agents, TOPICAL | NEW Drug Class managed by AHCCCS | Multiple Benzoyl Peroxide OTC products, Multiple Clindamycin Phosphate products, Clindamycin/Benzoyl Peroxide combination, Erythromycin solution topical, BRAND Retin-A Cream and Gel | X | N |
| Antifungal, topical | Ciclopirox Susp Clotrimazole Susp RX Miconazole Oint., Spray OTC Tolnaftate Spray OTC | Ciclopirox cream Clotrimazole Suspension OTC Miconazole Cream OTC Nystatin Cream/Ointment Terbinafine Cream OTC Tolnaftate Cream/Powder OTC | X | N |
| Antimigraine, Triptans | | Zomig Nasal Spray | STEP through Imitrex NS | Y |
| Bladder relaxant agents | Tolterodine IR, Tolterodine ER Trospium | Oxybutynin, Oxybutynin ER Detrol or Detrol LA Toviaz ER (NEW) | STEP removed | N |
| Oral Contraceptives | Multiple Changes | Multiple changes - Please review formulary | X | N |

Care1st Network Management

Ph 602.778.1800/866.560.4042 (Options in order: 5, 7)

Fax 602.778.1875/E-mail SM_AZ_PNO@Care1stAZ.com

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| Drug Class | Drug(s) Removed from Formulary | Preferred Alternative(s) on Formulary (NEW or current alternatives) | Utilization Management (PA, STEP, QL, AGE) | *Grandfathering permitted (Y/N) |
|--------------------------|--------------------------------|---|--|---------------------------------|
| Contraceptives, Other | Vaginal rings, generic | Nuvaring BRAND | X | N |
| Beta-Blockers | | ADD Propranolol ER (authorized generic) Nadolol with PA | Nadolol – PA ONLY for ≥ 19 yrs | Y |
| Calcium Channel Blockers | Verapamil ER PM | Verapamil Caps | X | N |
| Anti-parkinson's Agents | NEW Class managed by AHCCCS | Amantadine Caps/Syrup Benztropine Bromocriptine Carbidopa/levodopa (IR, ER) Entacapone Pramipexole (IR) Ropinirole (IR) Trihexyphenidyl (tab, liquid) | X | N |
| Lipotropics, Other | NEW Class managed by AHCCCS | Cholestyramine Colestipol Ezetimibe Fenofibrate Ca/tab (generic Lofibra) Fenofibrate Tab (Generic & AG Tricor) Gemfibrozil Niacin cap/tab ER OTC Omega-3 OTC | X | N |
| Sedative/Hypnotics | | Rozerem | Update PA: trial/failure 2 of the following: eszopiclone, temazepam, or zolpidem | |

*AHCCCS P&T determines whether or not to permit grandfathering (continued use of a non-formulary medication). If grandfathering is not permitted, members will need to switch to the preferred formulary alternative and a new prescription may be required. (See AHCCCS Policy 310-V)
 AG = Authorized Generic

Contact Pharmacy Prior Authorization at 602-778-1800 (Options 5, 5) if you have any questions.

Thank you!

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